

Best Available Copy

CLAIMS ONLY						Application Number <i>101698012</i>	Filing Date	
						Applicant(s)		
						* May be used for additional claims or amendments		
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend		
1	/					51		
2		/				52		
3			/			53		
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43						93		
44						94		
45						95		
46						96		
47						97		
48						98		
49						99		
50						100		
Total Indep	2							
Total Depend	21							
Total Claims	23							